

Fill in this information to identify the case:

Debtor Armstead Risk Management, Inc.

United States Bankruptcy Court for the: Eastern District District of New York
(State)

Case number 19-41489
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
- ☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

Priority amount

\$ _____

2.2 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

2.3 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

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Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____ \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div>Date or dates debt was incurred<div></div></div> <div>Last 4 digits of account number<div></div></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i><div><div>Contingent</div><div>Unliquidated</div><div>Disputed</div></div></div> <div>\$<div></div></div> <div>Basis for the claim: <div></div></div> <div>Is the claim subject to offset?<div><div>No</div><div>Yes</div></div></div>
3.2	<div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div>Date or dates debt was incurred<div></div></div> <div>Last 4 digits of account number<div></div></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i><div><div>Contingent</div><div>Unliquidated</div><div>Disputed</div></div></div> <div>\$<div></div></div> <div>Basis for the claim: <div></div></div> <div>Is the claim subject to offset?<div><div>No</div><div>Yes</div></div></div>
3.3	<div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div>Date or dates debt was incurred<div></div></div> <div>Last 4 digits of account number<div></div></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i><div><div>Contingent</div><div>Unliquidated</div><div>Disputed</div></div></div> <div>\$<div></div></div> <div>Basis for the claim: <div></div></div> <div>Is the claim subject to offset?<div><div>No</div><div>Yes</div></div></div>
3.4	<div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div>Date or dates debt was incurred<div></div></div> <div>Last 4 digits of account number<div></div></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i><div><div>Contingent</div><div>Unliquidated</div><div>Disputed</div></div></div> <div>\$<div></div></div> <div>Basis for the claim: <div></div></div> <div>Is the claim subject to offset?<div><div>No</div><div>Yes</div></div></div>
3.5	<div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div>Date or dates debt was incurred<div></div></div> <div>Last 4 digits of account number<div></div></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i><div><div>Contingent</div><div>Unliquidated</div><div>Disputed</div></div></div> <div>\$<div></div></div> <div>Basis for the claim: <div></div></div> <div>Is the claim subject to offset?<div><div>No</div><div>Yes</div></div></div>
3.6	<div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div>Date or dates debt was incurred<div></div></div> <div>Last 4 digits of account number<div></div></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i><div><div>Contingent</div><div>Unliquidated</div><div>Disputed</div></div></div> <div>\$<div></div></div> <div>Basis for the claim: <div></div></div> <div>Is the claim subject to offset?<div><div>No</div><div>Yes</div></div></div>

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Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.____	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$ _____
	_____	<input type="checkbox"/> Contingent	
	_____	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
		<input type="checkbox"/> Liquidated and neither contingent nor disputed	
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$ _____
	_____	<input type="checkbox"/> Contingent	
	_____	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$ _____
	_____	<input type="checkbox"/> Contingent	
	_____	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$ _____
	_____	<input type="checkbox"/> Contingent	
	_____	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$ _____
	_____	<input type="checkbox"/> Contingent	
	_____	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	

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Part 3:

List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
41. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

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Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts****5a. Total claims from Part 1**

5a.

\$ 0.00

5b. Total claims from Part 2

5b.

+

\$ 0.00

5c. Total of Parts 1 and 2

5c.

\$ 0.00

Lines 5a + 5b = 5c.